

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Register.

19198

County of *Myrtle Beach*Municipality of *Myrtle Beach*or
Town of

City of

Registration District No. *4-1-6*Registered No. *416*
(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

Full Name of Child

3 SEX OR CHILD *girl* (4) Twin or Triplet *No* (5) Number in order of birth *1st* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 10 1923*
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME *J. Franklin Pettit* (14) NAME BEFORE MARRIAGE *Carrie Lathford*(9) PRESENT POSTOFFICE OF FATHER *Myrtle Beach* (15) PRESENT POSTOFFICE OF MOTHER *Myrtle Beach*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32* (12) BIRTHPLACE *Myrtle Beach* (13) AGE AT LAST BIRTHDAY *22*(16) OCCUPATION *Domestic* (17) AGE AT LAST BIRTHDAY *22*(18) BIRTHPLACE *Myrtle Beach* (19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *J. Franklin Pettit* (Born alive or stillborn) *born alive* on the date above stated.(23) (Signature) *J. Franklin Pettit*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Myrtle Beach*

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *June 26 1923* (28) *Mrs. J. C. White* Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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